V CalPERS Retirement Planning Workshop Reservation Form

Please register me for a Retirement Planning Workshop during the

Week of _____ at the _____ location

1. **Social Security Number**_____
2. **Member's Full Name** _____

Mail Confirmation letter to: ____ Member or ____ Employer

3. **Address** _____
4. **City** _____Zip_____
5. **Employer** _____
6. **Phone (_____)** _____
7. **City or Town Where You Work** _____
8. **Job Classification** _____
9. **Disability Accommodations** ☐ **Auditory** ☐ **Mobility** ☐ **Visual** ☐ **Other**
10. **Will Spouse/Partner Attend?:** _____ **No** _____ **Yes** **(If Yes, complete below)**

Is Spouse/Partner a CalPERS member?: ___ **No** ___ **Yes (If Yes, continue)**

Spouse/Partner's Name: _____

Spouse/Partner's Social Security Number: _____

Spouse/Partner's Employer: _____

TO REGISTER: **By Phone -- Call Toll Free (888) CalPERS or (888) 225-7377**
By FAX/Mail -- Submit to your local CalPERS Office

☐ **Sacramento Office** Lincoln Plaza East 400 Q Street, Rm. 1820 Sacramento, CA 95814 FAX (916) 795-7917	☐ **San Francisco Office** 301 Howard Street Suite 2020 San Francisco, CA 94105 FAX (415) 369-8501	☐ **Glendale Office** 655 North Central Avenue Suite 1400 Glendale, CA 91203 FAX (818) 662-4304	☐ **San Bernardino Office** 650 East Hospitality Lane Suite 330 San Bernardino, CA 92408 FAX (909) 806-4820
☐ **Fresno Office** 10 River Park Place East Suite 230 Fresno, CA 93720 FAX (559) 440-4901	☐ **San Jose Office** 181 Metro Drive Suite 520 San Jose, CA 95110 FAX (408) 451-8001	☐ **Orange Office** 500 No. State College Blvd. Suite 750 Orange, CA 92868 FAX (714) 939-4701	☐ **San Diego Office** 7676 Hazard Center Drive Suite 350 San Diego, CA 92108 FAX (619) 220-7201